



UNITED STATES PATENT AND TRADEMARK OFFICE

COMMISSIONER FOR PATENTS
 UNITED STATES PATENT AND TRADEMARK OFFICE
 WASHINGTON, D.C. 20231
www.uspto.gov



Bib Data Sheet

CONFIRMATION NO. 2199

SERIAL NUMBER 09/120,448	FILING DATE 07/22/1998 RULE	CLASS 370	GROUP ART UNIT 2664	ATTORNEY DOCKET NO. 4191.001
APPLICANTS JOHN L SILVERS, FORT LAUDERDALE, FL;				
** CONTINUING DATA <i>Yes</i> <i>THIS APPLN CLAIMS BENEFIT OF 60/061,334 10/08/1997</i> <i>✓</i>				
** FOREIGN APPLICATIONS				
IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY ** ** 08/07/1998				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Verified and Acknowledged <i>John L. Silvers</i> <i>✓</i> Examiner's Signature <i>Initials</i>		STATE OR COUNTRY FL	SHEETS DRAWING 2	TOTAL CLAIMS 15
ADDRESS MICHAEL EBERT HOPGOOD CALIMAFDE 60 E 42ND STREET NEW YORK , NY 10165				
TITLE SYSTEM AND METHOD OF DISHARMONIC FREQUENCY MULTIPLEXING				
FILING FEE RECEIVED 525	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT. No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		



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SERIAL NUMBER 09/120,448	FILING DATE 07/22/1998 RULE	CLASS 370	GROUP ART UNIT 2664	ATTORNEY DOCKET NO. 4191.001
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APPLICANTS

JOHN L SILVERS, FORT LAUDERDALE, FL;
~~JONATHAN STAR, SOUTH FALLSBURG, NY,~~

**** CONTINUING DATA *******

THIS APPLN CLAIMS BENEFIT OF 60/061,334 10/08/1997

**** FOREIGN APPLICATIONS *******

IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **
**** 08/07/1998**

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no			
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance			
Verified and Acknowledged	Examiner's Signature _____ Initials _____			
	STATE OR COUNTRY FL	SHEETS DRAWING 2	TOTAL CLAIMS 15	INDEPENDENT CLAIMS 2

ADDRESS

MICHAEL EBERT
 HOPGOOD CALIMAFDE
 60 E 42ND STREET
 NEW YORK ,NY 10165

TITLE

YSTEM AND METROD OF DISHARMONIC FREQUENCY MULTIPLEXING

FILING FEE RECEIVED 395	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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SERIAL NUMBER	FILING DATE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET NO.
09/120,448	07/22/98	370	2731	4191.001

APPLICANT JOHN L SILVERS, FORT LAUDERDALE, FL; JONATHAN STAR, SOUTH FALLSBURG, NY.

CONTINUING DOMESTIC DATA***
VERIFIED

371 (NAT'L STAGE) DATA*** *None*
VERIFIED
WJ

FOREIGN APPLICATIONS*** *None*
VERIFIED
KPJ

FOREIGN FILING LICENSE GRANTED 08/07/98

***** SMALL ENTITY *****

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY	SHEETS DRAWING	TOTAL CLAIMS	INDEPENDENT CLAIMS
Verified and Acknowledged	<i>WJ</i>	Examiner's Initials	Initials	FL	2	15	2

ADDRESS MICHAEL EBERT
HOPGOOD CALIMAFDE
60 E 42ND STREET
NEW YORK NY 10165

TITLE SYSTEM AND METHOD OF DISHARMONIC FREQUENCY MULTIPLEXING

FILING FEE RECEIVED \$395	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT NO. _____ for the following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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